



## Enrolment Form

**Child's Details:** Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

**Child's official surname or family name:** \_\_\_\_\_

**Child's official given name:** \_\_\_\_\_

**Child's official other names / middle names:**

(please separate names with a comma): \_\_\_\_\_

**Name your child is known by / preferred name:**

**Surname/ family name:** \_\_\_\_\_ **Given name:** \_\_\_\_\_

**Copy of official identity verification document collected by staff:**

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

**Child's date of birth:** / /

**Male**

**Female**

**Child's ethnic origin/s:**

**Iwi your child belongs to:**

**Language/s spoken at home:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child's Primary Residential address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

### Parents/Guardians:

1) First names: \_\_\_\_\_ Surnames: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

(Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

2) First names: \_\_\_\_\_ Surnames: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

(Work): \_\_\_\_\_ Phone Cell): \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

**Authority to Pick Up:**

**Important: Please list all the adults other than parents or guardians authorized to collect your child**

Name: \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

**Custodial Statement:**

Are there any custodial arrangements concerning your child? Yes / No *(circle one)*

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court orders is required).

\_\_\_\_\_

**Health Information:**

**Doctor**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Illness/Conditions or Allergies**

1. Does your child have an illness/condition or allergies Yes / No *(circle one)*

If yes please give details and list any implications or actions to be followed in relation to that illness/condition or allergy \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

2. Is your child up to date with immunisations? *(Please provide verification of all immunisations)*

\_\_\_\_\_

3. (Staff Only to Complete) Immunisation record sighted and details recorded: Yes / No *(circle one)*

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

## Free Hours Attestation:

**Please note:** *20 Hours ECE* is for **three and four year olds** enrolled in a teacher-led early childhood education service and some kōhanga reo. The *20 Hours ECE* programme means no compulsory fees for up to **six hours per day** and up to **20 hours per week**.

**a) Is your child receiving *20 Hours ECE* for up to six hours per day, 20 hours per week at this service?** Yes / No (circle one)

**b) Is your child receiving *20 Hours ECE* at any other service?** Yes / No (circle one)

If yes to (a) or (b) above, please sign below to confirm that:

1. Your child does not receive more than 20 hours of *20 Hours ECE* per week across all services.
2. You authorise the Ministry of Education to make enquiries it deems necessary regarding the information provided in the *20 Hours ECE Details Box* to the extent necessary to make decisions to make your child eligible for *20 Hours ECE*.
3. You consent to the early childhood service providing relevant information to the Ministry of Education, and to other early childhood services your child is enrolled at, about the information contained in this box.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

## **Dual Enrolment Declaration**

I hereby declare that my child is/is not enrolled at another early childhood institution at the same times that he/she is enrolled at Otatara Preschool.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Enrolment Details

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**Change of Days/Times of Enrolment:**

Effective Date of Change: \_\_\_/\_\_\_/\_\_\_

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled						
For <b><i>20 Hours ECE</i></b> fill out boxes below						
<b><i>20 Hours ECE</i> at this service</b>						
<b><i>20 Hours ECE</i> at another service</b>						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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<b>20 Hours ECE at this service</b>						
<b>20 Hours ECE at another service</b>						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Statutory Holidays / Term Breaks**

This enrolment agreement is inclusive of school term breaks.

Otatara Preschool is closed for all public holidays.

**Privacy Statement:**

**We are collecting personal information on this enrolment form for the purposes of providing early children education for your child.**

**We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.**

**Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.**

**You can find more information about national student numbers at: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).**

# **Parent's Agreement**

## **1. Informal walks and Excursions**

I give permission for my child to leave Otatara Preschool premises in the company of staff, for impromptu walks around the community with a ratio of 1 adult to 4 children. I understand that I will be required to give written permission if the excursion involves transport.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

## **2. Administration of Medicines**

In signing this enrolment form I authorise Otatara Preschool staff to administer to my child, medications in accordance with the medicine procedure policy of Otatara Preschool. In the event of an accident or emergency, I authorise Otatara Preschool to seek such advice or treatment it deems necessary in the best interest of my child. I give consent for staff to apply any nappy barrier creams or teething gels that I provide for my child while attending Otatara Preschool.

## **3. Photographs/Video of Children**

I agree to my child being observed and photographed for programming and planning, assessment and evaluation, and individual profiles. I also agree for student teachers to use my child's photograph and name in assessment documentation as part of their course requirements.

## **4. Sick Children**

I will not bring my child to Otatara Preschool in the event of sickness until 48 hours after the last bout of vomiting or diarrhoea. I agree to notify staff if my child has an infectious disease and I understand that my child will be excluded from Otatara Preschool if they have an infectious disease for the necessary period outlined in the Infectious Disease Poster, which is displayed at the Preschool.

## **5. Fees**

In signing this enrolment form I agree to pay fees as outlined in the fees schedule which is located in the Parent Information Booklet, one week in advance by direct credit and on invoice due date for any additional charges. I agree to be responsible for any additional costs incurred in the recovery of any overdue fees.

## **6. Policies**

Otatara Preschool has a number of policies that set out the procedures that are in place for the care and education of the children that attend. We strongly urge you to read these. The signing of this enrolment form indicates that you will abide by the Policies of this service, and understand how you can have input into Policy Reviews.

## **Declaration**

I declare that all the above information is true and correct to the best of my knowledge.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

## **Service Declaration** (*Staff Only*)

On behalf of Otatara Preschool, I declare that this form has been checked and all the relevant sections have been completed.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_